



मौलाना आज़ाद राष्ट्रीय प्रौद्योगिकी संस्थान, भोपाल-462003
(शिक्षा मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
MAULANA AZAD NATIONAL INSTITUTE OF TECHNOLOGY, BHOPAL- 462003
(An Institution of National importance under Ministry of Education, Govt. of India)

No:-MANIT/F&A/2022/ 92

Dated: 06.04.2022

//Circular//

Subject: Submission of claim for Children Education Allowance for the year 2021-2022-reg.

With reference to above cited subject matter, this is to inform all the regular employees of the MANIT Bhopal to submit the claim of Children Education Allowance/Hostel Allowance for the financial/academic year 2021-2022 in the attached prescribed format to the Accounts section on or before 31.05.2022.

Note:-After due date, claim form will not be entertained.


Registrar

Enclosed:- As stated above.

Copy to:-

1. All Deans
2. All HoDs/Chairman, Centers for circulation amongst the employees.
3. All Assistant Registrars/Deputy Registrars
4. All Section In charges for circulation amongst the employees
5. PIC, Institute website, to ensure upload of this circular
6. PA to Registrar, for record
7. PA to Director, for kind information


Registrar



मौलाना आजाद राष्ट्रीय प्रौद्योगिकी संस्थान
भोपाल
MAULANA AZAD NATIONAL INSTITUTE OF TECHNOLOGY
BHOPAL

FORMAT OF RE-IMBURSEMENT OF CHILDREN EDUCATION
ALLOWANCE/HOSTEL SUBSIDY.

CLAIM FOR THE FINANCIAL/ACEDEMIC YEAR: **2021-2022.**

I hereby apply for the reimbursement of Children Education Allowance for my child/children and relevant particulars are furnished below:-

1.	Name of the Employee	
2.	Bank Account No.	
3.	P.F.No./Employee No.	
4.	Designation	
5.	Office (Department/Section)	
6.	Name of Spouse	
7.	If spouse is employed, state whether in Central Govt.PSU,State Govt.(give details)	
8.	Designation, Office & B.U.No. of Spouse, if spouse is employed is Railway	

9. Details of all the Children of the employee.

S.No.	Sequence	Name	Date of Birth	Age
01.				
02.				
03.				

10. Details of all the Children for whom CEA/Hostel Subsidy Claimed.

S.No.	Sequence	Name	Date of Birth	Age
01.				
02.				

11. Academic Year, Name of School/Residential School and Class in which Children Studied.

1 st Child	2 nd Child

12. Distance of Hostel of child from Residence of employee (in case Hostel Subsidy is claimed):.....

13. Amount of CEA/Hostel Subsidy already received up to previous year :.....

14. The Academic year for which CEA/Hostel Subsidy is applied now:-----

15. (a) Whether the child for whom the CEA is applied for is a disabled child; Yes/No

(b) If yes, indicate the nature of disability:.....

(c) Date of disability certificate:.....

(d) Indicate the percentage of disability:.....

16. Whether the Bonafide Certificate from Head of Institution has been attached : Yes/No
17. For Hostel Subsidy, the Bonafide Certificate from mentioning the amount is attached: Yes/No
18. If yes at Item No.17, Amount claimed for Hostel Subsidy: -----
19. (i). Certified that the fee/amount indicate above had actually been paid by me.
(ii). Certified that my Wife/Husband is not a Central Government Servant.
(iii). Certified that my Husband/Wife Shri/Smtis presently working asin..... and that he/she not apply/has not applied for the Children Education Allowance for the child mentioned above.
- (iv). Certified that I or my Wife/Husband has not claimed this re-imburement from any other source and will not claim the same in future.
20. Certified that my child in respect of whom reimbursement of Children Education Allowance is applied is studying in the School/Jr.College which is recognized and affiliated to Board of Education/University.

21. The information furnished above are complete and correct and I have not suppressed any relevant information. In the event of any change in the particulars given above which affect my eligibility for reimbursement of Children Education Allowance, I undertake to intimate the same promptly and also to refund excess payments if any made. Further, I am aware that if at any stage the information/documents furnished above is found to be false, I am liable for disciplinary action.

Signature:.....

Name:.....

Designation & Station:.....

Working Under:.....

Date:.....

The family composition of the claimant has been verified from the official records such as pass Declaration/Register etc. and found correct.

Dy./Asst. Registrar (Estt.)

FOR OFFICE USE ONLY

(with office seal and stamp)

S.No.	Name of Staff	P.F.No.	CEA Amount	Hostel Subsidy amount if any	Total

Asstt. Registrar (Accounts)

Superintendent (Accounts)

Submitted for approval.

(REGISTRAR)

(DIRECTOR)

**Authority vide Government of India Ministry of Personal
P.G and Department of Personal & Training New Delhi
Order No. A-27102/02/2017-Estt. (AL) 16 August 2017
(This order shall be effective from 01 Jul 2017)**

**BONAFIDE CERTIFICATE FROM THE HEAD OF INSTITUTION/SCHOOL.
(For Reimbursement of Children Education Allowances/Hostel Allowance)**

A-For Children Education Allowance :-

It is certified that Master/Kumari _____ bonafide student of this school having Admission No/Reg. No/Enroll No. _____ D.O.B _____ Son / Daughter of Mr/Mrs. _____ was studying in Class _____ Sec/Division _____ Roll No. _____ during the Previous Academic Year from 2021 to 2022 in School / Institution, namely (with Address)

.....
This School/Institution is affiliated recognized by:.....and the affiliation/recognition Number is.....

The information furnished above is complete and correct as per records of the School/Institute.

Place :- _____

Date :- _____

**Signature of Principal/Head of Institution
(Affix School Seal/Stamp)**

****B-For Hostel Subsidy Allowance :-**

This is further certified that during the year Master/Miss..... had resided in the residential complex (Hostel) of the school and paid an amount of Rs...../- towards boarding and lodging in the residential complex/hostel. The School/Institute is located beyond a distance of 50 Kms from the residence of the parents. The information furnished above is complete and correct as per records of the School/Institute.

Place :- _____

Date :- _____

**Signature of Principal/Head of Institution
(Affix School Seal/Stamp)**

**** (Strike out, if it is not applicable)**